AUDITION FORM

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What role(s) are you interested in? Why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THEATER EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **Show** | **Role/Job** | **Location/Company** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Are you involved in any extracurricular activities besides Theater? **YES NO**

If “yes” list what they are AND WHEN they occur:

**CLASS SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **MUST HAVE Subject AND Teacher** | **Period** | **MUST HAVE Subject AND Teacher** |
| 1 |  | 5 |  |
| 2 |  | 6 |  |
| 3 |  | 7 |  |
| 4 |  | 8 |  |

Have you failed any classes in the past? **YES NO**

If so: list which class, and why the subject was difficult for you?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_